



TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
ELEVATOR DIVISION
220 FRENCH LANDING DRIVE
NASHVILLE, TN. 37243-1002

ELEVATOR SAFETY TEST REPORT

TENNESSEE NUMBER _____

NAME OF USER _____

ADDRESS _____

OWNER OF ELEVATOR _____

BUILDING USED AS _____

CAPACITY _____ SPEED RPM _____

TYPE OF ELEVATOR: ☐ PASSENGER ☐ FREIGHT
B5 A9 'C: 'D9 F G C B '8 C-B; 'H9 GH' _____

DATE _____ 7 CAD5 BM _____ G, B5 HI F9 _____

TYPE OF MACHINE ☐ TRACTION ☐ HYDRAULIC

SAFETY TEST (HOW MADE) _____

LOAD DURING TEST _____

WAS SAFETY TEST SATISFACTORY? ☐ YES ☐ NO

IF NO, EXPLAIN. _____

WAS CITY, STATE, OR INSURANCE COMPANY INSPECTOR PRESENT? ☐ YES ☐ NO

IF YES, GIVE NAME. _____

REMARKS OR RECOMMENDATIONS _____